

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH			ARIZONA STATE BOARD OF HEALTH		
1. County of <u>Dila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>103</u>		
District of _____	ORIGINAL CERTIFICATE OF BIRTH		Co. Registrar No. <u>91</u>		
Town of <u>Miami</u>			Local Registrar No. _____		
or _____					
City of _____	No. _____		St. _____ Ward _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child <u>Salvador Terrill</u>			If child is not yet named, make supplemental report, as directed		
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>4</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 7-1923</u> (Month, day, year)	
8. FATHER Full name <u>Jose S. Terrill</u>			14. MOTHER Full maiden name <u>Beatrice Rivera</u>		
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State			15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State		
10. Color or race <u>Mex</u>			16. Color or race <u>Mex</u>		
11. Age at last birthday <u>27</u> (Years)			17. Age at last birthday <u>23</u> (Years)		
12. Birthplace (city or place) <u>Sonora</u> (State or country) <u>Mex.</u>			18. Birthplace (city or place) <u>Hermosillo</u> (State or country) <u>Mex</u>		
13. Occupation <u>Miner</u> Nature of Industry			19. Occupation <u>Housewife</u> Nature of Industry		
20. Number of children of this mother <u>4</u> (Taken as of time of birth of child here-in certified and including this child.)			(a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>12:45</u> a.m. on the date above stated. (Born alive or stillborn)					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			Signature <u>C. M. Crow M.D.</u> (Physician or midwife)		
Address <u>Miami, Arizona</u>					
Given name added from a supplemental report _____ (Month, day, year)			Filed <u>Feb 19</u> , 19 <u>23</u> <u>Charles E. Jones</u> Local Registrar.		
Registrar. _____			Filed <u>3/6</u> , 19 <u>23</u> <u>Bliss J. G.</u> County Registrar.		

233-707-291